

**Event Code List**  
**Nationally Notifiable Diseases and Other Conditions of Public Health Importance**  
**Division of Integrated Surveillance Systems and Services, National Center for Public Health Informatics,**  
**Centers for Disease Control and Prevention**  
**Revision of January 2007 list**  
**Revised to include the addition of “novel influenza A virus infections”**

Code	Event	Notes+	Verification Procedures	Print Criteria†
10245	African Tick Bite Fever			
10560	<b>AIDS*</b>	No longer collected through NETSS. Data supplied to NNDSS by CDC HIV/AIDS program on a quarterly basis.		Print criteria are determined by the CDC AIDS/HIV program.
11040	Amebiasis	Deleted from NNDL in 1995.		
10350	<b>Anthrax*</b>		Before printing, CDC will verify provisional case reports via consultation with a State Epidemiologist; cases will be withheld from <i>MMWR</i> publication pending confirmation by NCID. Following these procedures, all cases meeting print criteria will be printed.	Confirmed; unknown reported from California (CA) that are verified to be confirmed.
10010	Aseptic meningitis	Deleted from NNDL in 1995.		
32020	Asthma, Work-related			
12010	Babesiosis			
10650	Bacterial meningitis, other	Extended record format available for NETSS transmission.		
10530	<b>Botulism, foodborne*</b>			Confirmed and probable; unknown from CA

\*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.

Code	Event	Notes+	Verification Procedures	Print Criteria†
10540	<b>Botulism, infant*</b>			Confirmed; unknown from CA
10550	<b>Botulism, other (includes wound)*</b>	Codes 10548 and 10549 can be used to track "other unspecified" and "wound" botulism separately. Event code 10550 should only be used by states who cannot report separately using codes 10548 and 10549.		Confirmed; unknown from CA
10548	<b>Botulism, other unspecified*</b>	Use code 10548 if you can differentiate "other unspecified" botulism from "wound" botulism; otherwise, use code 10550.		Confirmed; unknown from CA
10549	<b>Botulism, wound*</b>	Use code 10549 if you can differentiate "wound" botulism from "other unspecified" botulism; otherwise, use code 10550.		Confirmed; unknown from CA
10020	<b>Brucellosis*</b>			Confirmed and probable; unknown from CA
10058	Cache Valley virus neuroinvasive disease	Formerly 'encephalitis/meningitis Cache Valley'. Split into neuroinvasive and non-neuroinvasive categories in 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS.		
10066	Cache Valley virus non-neuroinvasive disease	Category created by 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS.		

\*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.

Code	Event	Notes+	Verification Procedures	Print Criteria†
10054	<b>California serogroup virus neuroinvasive disease*</b>	Added to NNDL in 1995 (see Encephalitis, primary, 10050). Formerly 'encephalitis/meningitis California serogroup viral'. Split into neuroinvasive and non-neuroinvasive categories in 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS.		Cases with confirmed and probable case status are printed, as per the request of NCID. Only cases reported with a disease onset date are published. Data are aggregated and published according to the week and year of disease onset.
10061	<b>California serogroup virus non-neuroinvasive disease*</b>	Category created by 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS. Added to NNDL in 2005.		Cases with confirmed and probable case status are printed, as per the request of NCID. Only cases reported with a disease onset date are published. Data are aggregated and published according to the week and year of disease onset.
11020	Campylobacteriosis			
10273	<b>Chancroid*</b>	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		All reports are printed.
10274	<b>Chlamydia trachomatis genital infection*</b>	Added to NNDL in 1995. Extended record format available for STD*MIS data transmitted through NETSS.		All reports are printed.

\*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.

Code	Event	Notes+	Verification Procedures	Print Criteria†
10470	<b>Cholera (toxigenic <i>Vibrio cholerae</i> O1 or O139)*</b>		All reports are printed. Before printing, the existence of "toxigenic O1 or O139" serospecies and other information in the report of a provisional case is verified with the State Epidemiologist; cases will be withheld from MMWR publication pending confirmation by NCID.	Confirmed; unknown from CA verified as confirmed
11900	<b>Coccidioidomycosis*</b>	Added to NNDL in 1995.		Confirmed; unknown from CA
11580	<b>Cryptosporidiosis*</b>	Added to NNDL in 1995.		Confirmed; unknown from CA and Washington (WA)
11575	<b>Cyclosporiasis*</b>	Added to NNDL in 1999.		Confirmed; unknown from CA and WA
10680	Dengue	Formerly 'dengue fever'. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS.		
10685	Dengue hemorrhagic fever	As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS.		
10040	<b>Diphtheria*</b>	There is no disease-specific extended record transmitted through NETSS for this condition.	Before printing, CDC will verify provisional case reports via consultation with a State Epidemiologist; Following these procedures, all cases meeting print criteria will be printed.	CSTE VPD print criteria are used. Cases with confirmed, probable, and unknown case status are printed.

\*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.

Code	Event	Notes+	Verification Procedures	Print Criteria†
10053	<b>Eastern equine encephalitis virus neuroinvasive disease</b>	Added to NNDL in 1995 (see Encephalitis, primary, 10050). Formerly 'encephalitis/meningitis, eastern equine'. Split into neuroinvasive and non-neuroinvasive categories in 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS.		Cases with confirmed and probable case status are printed, as per the request of NCID. Only cases reported with a disease onset date are published. Data are aggregated and published according to the week and year of disease onset.
10062	<b>Eastern equine encephalitis virus non-neuroinvasive disease*</b>	Category created by 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS. Added to NNDL in 2005.		Cases with confirmed and probable case status are printed, as per the request of NCID. Only cases reported with a disease onset date are published. Data are aggregated and published according to the week and year of disease onset.
11085	<b>Ehrlichiosis, human granulocytic* (HGE)</b>	Added to NNDL in 1998.		Confirmed and probable; unknown from CA
11086	<b>Ehrlichiosis, human monocytic* (HME)</b>	Added to NNDL in 1998.		Confirmed and probable; unknown from CA
11087	<b>Ehrlichiosis, human, other or unspecified agent*</b>	Added to NNDL in 2001.		Confirmed and probable; unknown from CA
10070	Encephalitis, post-chickenpox	Deleted from NNDL in 1995.		
10080	Encephalitis, post-mumps	Deleted from NNDL in 1995.		
10090	Encephalitis, post-other	Deleted from NNDL in 1995.		
10050	Encephalitis, primary	Deleted from NNDL in 1995. Replaced by event codes 10051-10058.		

\*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.

Code	Event	Notes+	Verification Procedures	Print Criteria†
11562	Enterohemorrhagic <i>Escherichia coli</i> (EHEC) shiga toxin+ (serogroup non-O157)	Added to NNDL in 2001. As of January 1, 2006, EHEC codes 11560, 11562, and 11564 were retired and a new code for Shiga toxin-producing <i>Escherichia coli</i> (see code 11563) should be used for reporting.		All reports printed except unknown from NJ for year 2005.
11560	Enterohemorrhagic <i>Escherichia coli</i> (EHEC) O157:H7	Added to NNDL in 1994. As of January 1, 2006, EHEC codes 11560, 11562, and 11564 were retired and a new code for Shiga toxin-producing <i>Escherichia coli</i> (see code 11563) should be used for reporting.		All reports printed except unknown from NJ for year 2005.
11564	Enterohemorrhagic <i>Escherichia coli</i> (EHEC) shiga toxin+ (not serogrouped)	Added to NNDL in 2001. As of January 1, 2006, EHEC codes 11560, 11562, and 11564 were retired and a new code for Shiga toxin-producing <i>Escherichia coli</i> (see code 11563) should be used for reporting.		All reports printed except unknown from NJ for year 2005.
10570	Flu activity code (Influenza)	Data collected for CDC program.		
11570	<b>Giardiasis*</b>	Added to NNDL in 2002.		Confirmed and probable; unknown from CA
10280	<b>Gonorrhea*</b>	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		All reports are printed.
10276	Granuloma inguinale (GI)	Deleted from NNDL in 1995. Extended record format available for STD*MIS line-listed data transmitted through NETSS.		
10590	<b><i>Haemophilus influenzae</i>, invasive disease*</b>	Extended record format available for NETSS transmission		CSTE VPD print criteria are used. Cases with confirmed, probable, and unknown case status are printed.
10380	<b>Hansen disease</b>			Confirmed; unknown from CA

\*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.

Code	Event	Notes+	Verification Procedures	Print Criteria†
	<b>(Leprosy)*</b>			
11610	Hantavirus infection	If infection results in illness meeting the hantavirus pulmonary syndrome case definition, use event code 11590 and do not report using code 11610. However, if patient has evidence of infection without meeting the hantavirus pulmonary syndrome case definition, report using 11610.		
11590	<b>Hantavirus pulmonary syndrome*</b>	Added to NNDL in 1995.	Before printing, CDC will verify provisional case reports via consultation with a State Epidemiologist; Following these procedures, all cases meeting print criteria will be printed.	Confirmed and unknown
42020	Head injury			
11550	<b>Hemolytic uremic syndrome postdiarrheal*</b>	Added to NNDL in 1995.		Confirmed, probable, and unknown
10110	<b>Hepatitis A, acute*</b>	Extended record format available for NETSS transmission.		Confirmed; unknown from CA
10105	<b>Hepatitis B virus infection, chronic*</b>	Added to NNDL in 2003. Per CDC Hepatitis Program, data during calendar years 2003-2007 data will not be re-released or published due to data quality concerns (e.g. duplicate reporting).		
10100	<b>Hepatitis B, acute*</b>	Extended record format available for NETSS transmission.		Confirmed; unknown from CA
10104	<b>Hepatitis B, virus infection perinatal*</b>	Event code 10100 was previously used for this condition. Data for this		

\*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.

Code	Event	Notes+	Verification Procedures	Print Criteria†
		condition are not published.		
10106	<b>Hepatitis C virus infection, past or present*</b>	Added to NNDL in 2003. Per CDC Hepatitis Program, data during calendar years 2003-2007 will not be re-released or published due to data quality concerns (e.g. duplicate reporting).		
10101	<b>Hepatitis C, acute*</b>	Extended record format available for NETSS transmission.		Confirmed; unknown from CA
10102	Hepatitis Delta co- or super-infection, acute (Hepatitis D)	Data collected for CDC program. Extended record format available for NETSS transmission.		
10103	Hepatitis E, acute	Data collected for CDC program. Extended record format available for NETSS transmission.		
10480	Hepatitis, non A, non B, acute	Deleted from NNDL in 2003.		
10120	Hepatitis, viral unspecified	Deleted from NNDL in 1995.		
10562	<b>HIV Infection, adult*</b>	Not collected through NETSS. Data are supplied to NNDSS by CDC HIV/AIDS program on a quarterly basis.		Print criteria are determined by the CDC HIV/AIDS program.
10561	<b>HIV Infection, pediatric*</b>	Not collected through NETSS. Data supplied to NNDSS by CDC HIV/AIDS program on a monthly basis.		Print criteria are determined by the CDC HIV/AIDS program.
10568	Human T-Lymphotropic virus type I infection (HTLV-I)			

\*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.



Code	Event	Notes+	Verification Procedures	Print Criteria†
10569	Human T-Lymphotropic virus type II infection (HTLV-II)			
11070	Influenza, animal isolates			
11060	Influenza, human isolates			
11061	<b>Influenza-associated mortality*</b>	<b>Only nationally notifiable in children &lt; 18 years of age.</b> Influenza-associated pediatric mortality was added to the NNDL at the beginning of the flu season in October 2004. Data for pediatric influenza deaths are reported to CDC's Influenza Branch via a web-based application. These data should NOT be reported through NETSS. CDC's web-based application limits entry of case reports to the current age group under surveillance. Note that the event code itself is not limited to that age group.		Cases with confirmed case status are printed.
10059	Japanese encephalitis virus neuroinvasive disease	Formerly 'Japanese encephalitis'. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS.		
10068	Japanese encephalitis virus non-neuroinvasive disease	As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS.		
50000	Kawasaki Disease			
32010	Lead poisoning			
10490	<b>Legionellosis*</b>			Confirmed; unknown from CA
10390	Leptospirosis	Deleted from NNDL in 1995.		

\*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.

Code	Event	Notes+	Verification Procedures	Print Criteria†
10640	<b>Listeriosis*</b>	Added to NNDL in 2000. Extended record format available for NETSS transmission.		Confirmed; unknown from CA
11080	<b>Lyme disease*</b>	Extended record format available for NETSS transmission.		Confirmed; unknown from CA
10306	Lymphogranuloma venereum (LGV)	Deleted from NNDL in 1995. Extended record format available for STD*MIS line-listed data transmitted through NETSS.		
10130	<b>Malaria*</b>			Confirmed; unknown from CA
10140	<b>Measles (rubeola), total*</b>	Extended record format available for NETSS transmission.		CSTE VPD print criteria are used. Cases with confirmed and unknown case status are printed.
10150	<b>Meningococcal disease* (<i>Neisseria meningitidis</i>)</b>	Extended record format available for NETSS transmission.		Confirmed and probable; unknown from CA

\*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.

Code	Event	Notes+	Verification Procedures	Print Criteria†
11661	Methicillin- or oxacillin-resistant <i>Staphylococcus aureus</i> coagulase-positive (MRSA a.k.a. ORSA)	NCID is working to develop the capacity to support voluntary reporting of MRSA data through the NEDSS Base System. This will help to facilitate the collection and reporting of non-notifiable MRSA data to the NNDSS, by interested states. In addition, NCID currently collaborates with 8 Emerging Infections Program sites in the ABCs Surveillance System to monitor invasive MRSA. States interested in using the ABCs protocol and methods are welcomed to contact Dr. Scott Fridkin (SFRidkin@cdc.gov, or by phone at 404-639-2603). Findings gathered from both surveillance systems (ABCs and NNDSS) will be used to inform CSTE's decision whether MRSA (ORSA) should be added to the list of nationally notifiable diseases.		
11801	Monkeypox			
42040	Motor vehicle injury	Data for this event are not currently transmitted through NETSS.		
10308	Mucopurulent cervicitis (MPC)	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		

\*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.

Code	Event	Notes+	Verification Procedures	Print Criteria†
10180	<b>Mumps*</b>	Extended record format available for NETSS transmission.		CSTE VPD print criteria are used. Cases with confirmed, probable, and unknown case status are printed.
10317	<b>Neurosyphilis*</b>	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		All reports are printed.
10307	Nongonococcal urethritis (NGU)	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		
11062	<b>Novel influenza A virus infections*</b>	Added to the NND as per an interim position statement adopted by CSTE on January 9, 2007.	Before printing, CDC will verify provisional case reports via consultation with a State Epidemiologist; cases will be withheld from MMWR publication pending confirmation from NCIRD. Following these procedures, all cases meeting the print criteria will be printed.	Cases with confirmed case status are printed.
42060	Other injury			
10309	Pelvic Inflammatory Disease (PID), Unknown Etiology	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		
10190	<b>Pertussis*</b>	Extended record format available for NETSS transmission.		CSTE VPD print criteria are used. Cases with confirmed, probable, and unknown case status are printed.

\*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.

Code	Event	Notes+	Verification Procedures	Print Criteria†
10440	<b>Plague*</b>		Before printing, CDC will verify provisional case reports via consultation with a State Epidemiologist; cases will be withheld from <i>MMWR</i> publication pending confirmation by NCID. Following these procedures, all cases meeting print criteria will be printed.	All reports are printed.
10410	<b>Poliomyelitis, paralytic*</b>	There is no disease-specific extended record transmitted through NETSS for this condition.  Note event code 10405 for poliovirus infection, nonparalytic.	Before printing, NIP will verify case reports based on an expert panel review. Any case of polio will be withheld from publication pending receipt of NIP expert panel review verification.	Confirmed; unknown from CA that are verified as confirmed
10405	<b>Poliovirus infection, nonparalytic *</b>	Added to NNDL in 2007.  Note event code 10410 for paralytic poliomyelitis.  No disease-specific data for this condition are reported.	Before printing, CDC will verify provisional case reports via consultation with a State Epidemiologist; cases will be withheld from <i>MMWR</i> publication pending confirmation by NCIRD. Following these procedures, all cases meeting print criteria will be printed.	Confirmed; unknown from CA that are verified as confirmed

\*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.

Code	Event	Notes+	Verification Procedures	Print Criteria†
10057	<b>Powassan virus neuroinvasive disease*</b>	Added to NNDL in 2002. Formerly 'encephalitis/meningitis, Powassan'. Split into neuroinvasive and non-neuroinvasive categories in 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS		Cases with confirmed and probable case status are printed, as per the request of NCID. Only cases reported with a disease onset date are published. Data are aggregated and published according to the week and year of disease onset.
10063	<b>Powassan virus non-neuroinvasive disease*</b>	Category created by 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS. Added to NNDL in 2005		Cases with confirmed and probable case status are printed, as per the request of NCID. Only cases reported with a disease onset date are published. Data are aggregated and published according to the week and year of disease onset.
10450	<b>Psittacosis* (Ornithosis)</b>			Confirmed and probable; unknown from CA
10255	<b>Q fever*</b>	Added to NNDL in 1999.		Confirmed and probable; unknown from CA
10340	<b>Rabies, animal*</b>	Animal species reportable in NETSS transmission.		Confirmed and unknown (excluding unknowns from NJ)
10460	<b>Rabies, human*</b>		Before printing, CDC will verify provisional case reports via consultation with a State Epidemiologist; Following these procedures, all cases meeting print criteria will be printed.	Confirmed; unknown from CA verified as confirmed
11030	Reye syndrome			

\*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.

Code	Event	Notes+	Verification Procedures	Print Criteria†
11050	Rheumatic fever	Deleted from NNDL in 1995.		
10250	<b>Rocky Mountain spotted fever*</b>			Confirmed, probable, unknown (excluding unknowns from NJ)
10200	<b>Rubella*</b>	Extended record format available for NETSS transmission		CSTE VPD print criteria are used. Cases with confirmed and unknown case status are printed.
10370	<b>Rubella, congenital syndrome*</b>		Before printing, CDC will verify provisional case reports via consultation with a State Epidemiologist; Following these procedures, all cases meeting print criteria will be printed.	CSTE VPD print criteria are used. Cases with confirmed, probable, and unknown case status are printed.
11000	<b>Salmonellosis*</b>	As of January 2006, serotype specific national reporting for salmonellosis was recommended by CSTE and CDC.		Confirmed and probable; unknown from CA

\*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.

Code	Event	Notes+	Verification Procedures	Print Criteria†
10575	<b>Severe Acute Respiratory Syndrome (SARS)-associated Coronavirus disease* (SARS-CoV)</b>	Added to NNDL on July 1, 2003. Data supplied to NNDSS by various reporting mechanisms, including NETSS, the SARS web system, and messaging to the SARS web system.	Before printing, CDC will verify provisional case reports via consultation with a State Epidemiologist; cases will be withheld from <i>MMWR</i> publication pending confirmation by NCID. Following these procedures, all cases meeting print criteria will be printed.	Cases with confirmed and probable case status are printed.
11563	<b>Shiga toxin-producing <i>Escherichia coli</i> (STEC)*</b>	As of January 2006, STEC was added to the NNDL and serotype specific national reporting of STEC was recommended by CSTE and CDC. As of January 2006, STEC code 11563 replaces EHEC codes 11560, 11562, and 11564.		All reports printed except unknown from NJ.
11010	<b>Shigellosis*</b>	As of January 2006, serotype specific national reporting for shigellosis was recommended by CSTE and CDC.		Confirmed and probable; unknown from CA
32000	Silicosis	Added to NNDL in 1996.		

\*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.



Code	Event	Notes+	Verification Procedures	Print Criteria†
11800	<b>Smallpox*</b>	Deleted from the NNDL in 1988, but added back to the NNDL in 2004.	Before printing, CDC staff will verify all provisional cases reported via consultation with State Epidemiologist; cases will be withheld from <i>MMWR</i> publication pending confirmation by NIP. Following these procedures, all cases meeting print criteria will be printed.	Cases with confirmed and probable case status are printed.
42010	Spinal cord injury			
10051	<b>St. Louis encephalitis virus neuroinvasive disease*</b>	Added to NNDL in 1995 (see Encephalitis, primary, 10050). Formerly 'encephalitis/meningitis, St. Louis'. Split into neuroinvasive and non-neuroinvasive categories in 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS.		Cases with confirmed and probable case status are printed, as per the request of NCID. Only cases reported with a disease onset date are published. Data are aggregated and published according to the week and year of disease onset.
10064	<b>St. Louis encephalitis virus non-neuroinvasive disease*</b>	Category created by 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS. Added to NNDL in 2005		Cases with confirmed and probable case status are printed, as per the request of NCID. Only cases reported with a disease onset date are published. Data are aggregated and published according to the week and year of disease onset.
11710	<b>Streptococcal disease, invasive, Group A*</b>	Added to NNDL in 1995.		Confirmed; unknown from CA and WA

\*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.

Code	Event	Notes+	Verification Procedures	Print Criteria†
11715	Streptococcal disease, invasive, Group B			
11716	Streptococcal disease, other, invasive, beta-hemolytic (non-group A and non-group B)	Added for use in the National Electronic Disease Surveillance System Bacterial Meningitis and Invasive Respiratory Disease Program Area Module.		
11700	<b>Streptococcal toxic-shock syndrome*</b>	Added to NNDL in 1995.		Confirmed and probable; unknown from CA
11720	<b><i>Streptococcus pneumoniae</i> invasive, drug-resistant* (DRSP)</b>	<p>Added to NNDL in 1995.</p> <p><b>Case classifications:</b>  Isolates causing Invasive Pneumococcal Disease (IPD) from children less than five years of age for which antibacterial susceptibilities are available and determined to be Drug Resistant <i>Streptococcus pneumoniae</i> (DRSP) should be reported ONLY as DRSP (event code 11720).</p> <p>Isolates causing IPD from children less than five years of age which are susceptible, or for which susceptibilities are not available should be reported ONLY as IPD in children less than five years of age (event code 11717).</p>		Confirmed, probable and unknown

\*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.

Code	Event	Notes+	Verification Procedures	Print Criteria†
11717	<b><i>Streptococcus pneumoniae</i>, invasive disease*</b>	<p>Added to NNDL in 2001. Only nationally notifiable in children less than 5 years of age.</p> <p><b>Case classifications:</b>  Isolates causing Invasive Pneumococcal Disease (IPD) from children less than five years of age which are susceptible, or for which susceptibilities are not available should be reported ONLY as IPD in children less than five years of age (event code 11717).</p> <p>Isolates causing IPD from children less than five years of age for which antibacterial susceptibilities are available and determined to be Drug Resistant <i>Streptococcus pneumoniae</i> (DRSP) should be reported ONLY as DRSP (event code 11720).</p>		Confirmed; unknown from CA in children < 5 years old.
50010	Sudden Infant Death Syndrome			
42050	Suicide			
10316	<b>Syphilis, congenital*</b>	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		All reports are printed.
10313	<b>Syphilis, early latent*</b>	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		All reports are printed.

\*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.

Code	Event	Notes+	Verification Procedures	Print Criteria†
10314	<b>Syphilis, late latent*</b>	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		All reports are printed.
10318	<b>Syphilis, late with clinical manifestations other than neurosyphilis*</b>	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		All reports are printed.
10311	<b>Syphilis, primary*</b>	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		All reports are printed.
10312	<b>Syphilis, secondary*</b>	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		All reports are printed.
10310	<b>Syphilis, total primary and secondary*</b>	Used by states not using STD*MIS or other line-listed STD reporting through NETSS, but instead used for transmitting summary data through NETSS.		All reports are printed.
10315	<b>Syphilis, unknown latent*</b>	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		All reports are printed.
10210	<b>Tetanus*</b>	Extended record format available for NETSS transmission		CSTE VPD criteria are used. Cases with confirmed and unknown case status are printed.
10520	<b>Toxic-shock syndrome (staphylococcal)*</b>			Confirmed and probable; unknown from CA
12020	Toxoplasmosis			
10270	<b>Trichinellosis*</b>	Preferred name changed from trichinosis at NCID program request, October 2004. Terms are synonymous but trichinellosis will be encouraged as the preferred term.		Confirmed; unknown from CA

\*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.

Code	Event	Notes+	Verification Procedures	Print Criteria†
10220	<b>Tuberculosis*</b>	Extended record format for system tracking is available from TIMS for NETSS transmission.		Print criteria are determined by the CDC Tuberculosis program.
10230	<b>Tularemia*</b>	Deleted from NNDL in 1995; Added to NNDL in 1999.		All reports are printed.
10240	<b>Typhoid fever* (caused by <i>Salmonella typhi</i>)</b>			Confirmed and probable; unknown from CA
10260	Typhus Fever, (endemic fleaborne, Murine)	Deleted from NNDL in 1988.		
11663	<b>Vancomycin-intermediate <i>Staphylococcus aureus</i>* (VISA)</b>	Added to NNDL in 2004.	Before printing, CDC will verify provisional case reports via consultation with a State Epidemiologist; cases will be withheld from <i>MMWR</i> publication pending confirmation with NCID. Following these procedures, all cases meeting print criteria will be printed.	Confirmed; unknown from CA verified as confirmed
11645	Vancomycin-resistant <i>Enterococcus</i>			

\*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.

Code	Event	Notes+	Verification Procedures	Print Criteria†
11665	<b>Vancomycin-resistant <i>Staphylococcus aureus</i>* (VRSA)</b>	Added to NNDL in 2004.	Before printing, CDC will verify provisional case reports via consultation with a State Epidemiologist; cases will be withheld from <i>MMWR</i> publication pending confirmation with NCID. Following these procedures, all cases meeting print criteria will be printed.	Confirmed; unknown from CA verified as confirmed
10030	<b>Varicella (Chickenpox)*</b>	Added to NNDL in 2003.		VPD print criteria are used. Cases with confirmed, probable, and unknown case status are printed.
10055	Venezuelan equine encephalitis virus neuroinvasive disease	As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS.		
10067	Venezuelan equine encephalitis virus non-neuroinvasive disease	As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS.		
11541	<i>Vibrio parahaemolyticus</i>	Retired code in 2007. Replaced by event code 11545 for Vibriosis (non-cholera <i>Vibrio</i> infections)		
11540	<i>Vibrio</i> spp., non-toxigenic, other or unspecified	Retired code in 2007. Replaced by event code 11545 for Vibriosis (non-cholera <i>Vibrio</i> infections)		
11542	<i>Vibrio vulnificus</i>	Retired code in 2007. Replaced by event code 11545 for Vibriosis (non-cholera <i>Vibrio</i> infections)		

\*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.

Code	Event	Notes+	Verification Procedures	Print Criteria†
11545	<b>Vibriosis* (non-cholera <i>Vibrio</i> species infections)</b>	Added to the NNDL in 2007. In 2007, event code 11545 replaces event codes 11540, 11541, and 11542.		Confirmed, probable, and unknown from California
10056	<b>West Nile virus neuroinvasive disease*</b>	Added to NNDL in 2002. Formerly 'encephalitis/meningitis, West Nile'. Split into neuroinvasive and non-neuroinvasive categories in 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS. For West Nile fever, use code 10049.		Cases with confirmed and probable case status are printed, as per the request of NCID. Only cases reported with a disease onset date are published. Data are aggregated and published according to the week and year of disease onset.
10049	<b>West Nile virus non-neuroinvasive disease*</b>	Formerly 'West Nile Fever'. Category created by 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS. Added to NNDL in 2005		Cases with confirmed and probable case status are printed, as per the request of NCID. Only cases reported with a disease onset date are published. Data are aggregated and published according to the week and year of disease onset.
10052	<b>Western equine encephalitis virus neuroinvasive disease*</b>	Added to NNDL in 1995 (see Encephalitis, primary, 10050). Formerly 'encephalitis/meningitis, western equine'. Split into neuroinvasive and non-neuroinvasive categories in 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS.		Cases with confirmed and probable case status are printed, as per the request of NCID. Only cases reported with a disease onset date are published. Data are aggregated and published according to the week and year of disease onset.

\*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.

Code	Event	Notes+	Verification Procedures	Print Criteria†
10065	<b>Western equine encephalitis virus non-neuroinvasive disease*</b>	Category created by 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS. Added to NNDL in 2005		Cases with confirmed and probable case status are printed, as per the request of NCID. Only cases reported with a disease onset date are published. Data are aggregated and published according to the week and year of disease onset.
10660	<b>Yellow fever*</b>	As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS.	Before printing, CDC will verify provisional case reports via consultation with a State Epidemiologist; cases will be withheld from <i>MMWR</i> publication pending confirmation by NCID. Following these procedures, all cases meeting print criteria will be printed.	Confirmed and probable; unknown from CA verified as confirmed or probable
11565	Yersiniosis			

†**Print policy for the National Notifiable Diseases Surveillance System:** For a case report of a nationally notifiable disease to print in the *Morbidity and Mortality Weekly Report (MMWR)*, the reporting state or territory must have designated the disease reportable in their state or territory for the year corresponding to the data year of report to CDC. After this criterion is met, the disease-specific criteria listed in the table above are applied. When the above-listed table indicates that “all reports” will be earmarked for printing, this means that cases designated with “unknown” or “suspect” case confirmation status will print just as “probable” and “confirmed” cases will print. Print criteria for Vaccine Preventable Diseases (VPD) reflect the case confirmation status print criteria described by the Council of State and Territorial Epidemiologists (CSTE) 1999 Position Statement #ID-08 entitled “Vaccine Preventable Diseases Surveillance Data,” and subsequent CSTE position statements.

+Since CSTE position statements are not generally finalized until July of each year, the NNDSS data for the newly added conditions are not available from all reporting jurisdictions until January of the year following the approval of the CSTE position statement. As

\*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.



such, the “Notes” section includes the first full calendar year that a condition was added (or deleted) from the list of nationally notifiable diseases.

**Abbreviations and other notes:**

CDC	Centers for Disease Control and Prevention
CSTE	Council of State and Territorial Epidemiologists
DHQP	Division of Healthcare Quality Promotion
<i>MMWR</i>	<i>Morbidity and Mortality Weekly Report</i>
NCID	National Center for Infectious Diseases
NCIRD	National Center for Immunization and Respiratory Diseases, CDC
NEDSS	National Electronic Disease Surveillance System
NETSS	National Electronic Telecommunications System for Surveillance
NIP	National Immunization Program
NNDL	National Notifiable Disease List (infectious diseases reportable to CDC)
NNDSS	National Notifiable Diseases Surveillance System
STD*MIS	Sexually Transmitted Diseases Management Information System—software for STD surveillance and case management
TIMS	Tuberculosis Information Management System—software for TB surveillance and case management
VPD	Vaccine Preventable Diseases

**For purposes of this document, “line-listed” data are meant to mean “case-specific” data.**

O:\LINK\MMWRPROD\EST\DATADOC\NNDSS 2007 Web Site Changes\NNDSS event code list January 2007\_final\_REVISION.doc

\*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.